Burnout, a Growing Occupational Risk for Physicians

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Editorial

Burnout defined as "exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration" is a grave work-related health hazard for physicians. It creates particularly worrisome situations which can have dramatic consequences, not only for the medical practitioners themselves but also for their patients. It is more common among physicians than other US workers.[1] Unfortunately, its prevalence is high and getting worse. In 2015, 46% of all physicians responded that they had burnout compared with slightly under 40% of respondents in 2013 according to a Medscape Lifestyle Report.[2] Critical care, emergency medicine, family medicine, internal medicine, and general surgery are the most affected specialties.[3] Burnout presents three characteristics (a) emotional exhaustion, (b) depersonalization, and (c) reduced accomplishment with differences in men and women. In men, burnout is triggered by depersonalization but by emotional exhaustion in women. There are six predisposing signs that medical doctors should recognize: (a) you can handle high levels of stress, (b) your practice is on the hectic side, (c) you are not aligned with your environment/leadership values, (d) you tend to function as emotional buffer, (e) you have a small locus of control over your job, and (f) you do not take good care of yourself.[4] Additional risk factors include: (a) demanding workload, (b) high number of nights on call, (c) living with a partner who is a physician too, (d) raising children, (e) having committed a medical error recently, (f) being halfway through medical career, (g) frequent conflicts between work and home demands, and (h) less than 20 percent of time spent on the most meaningful sides of work.

Burnout can have dire outcomes such as: lower patient satisfaction and care quality, higher medical error rates and malpractice risk, faster physician and staff turnover, physician alcohol/drug abuse and addiction, and physician suicide.[5,6,7,8] How to prevent physician burnout is the key challenge. According to the American Medical Association, it can be done using the following seven steps: (a) establish wellness as a quality indicator for your practice, (b) start a wellness committee and/or choose a wellness champion, (c) distribute an annual wellness survey, (d) meet regularly with leaders and/or staff to discuss data and interventions to promote wellness, (e) initiate selected interventions, (f) repeat the survey within the year to re-evaluate wellness, and (g), seek answers within data, refine the interventions, and continue the improvements.[9]

Few other interventions have been tested and little evidence exists about their effectiveness.[10] At any rate, I recommend the following strategy: (a) initiate the personal and professional process of evaluating your burnout risk and address it as early as possible in your career, (b) adopt prevention as an on-going strategy, (c) appraise periodically and reframe as needed to maximize results, and (d) ask for advice if/when you are stuck at any stage of the process.

Some of the main questions for specific interventions encompass: (a) how well do you self-assess?, (b) how satisfied are you with your job?, (c) how efficiently do you manage

stress?, (d) can you evaluate your environment/leadership?, (e) can you change your own or your environment/leadership values if you find incongruence between them?, (f) what is your primary motivation?, for example, is rapid accumulation of wealth, fast promotion in your hierarchy, very wide social recognition, hypertrophied ego, extreme competition, or a subconscious unsatisfied need your main driver?, (g) do you have realistic short-term, medium-term, and long-term goals?, (h) how adequately do you keep motivated?, for example, do you take time to reward significantly your team and yourself for mutual accomplishments?, (i) how much involved are you in your community?, (j) how curious are you of things/people beyond your job?, (k) do you have a hobby?, and[1] what is the status of your spirituality? Suggested action items include improving your: (a) overall relationship with your most significant one, (b) work/family life balance, (c) support network, (d) emotional intelligence, in particular for dealing competently with conflict/knowing how to say no/managing ambivalence cogently/not being perfectionist to a fault, (e) relationships with your patients, for example, go beyond a disease-focused approach and know them as a whole i.e. be aware of their emotional/familial/genetic/social/professional/living milieu status. Keep in mind that all these aspects are interrelated and can play a role in the genesis, emergence, course, treatment, and resolution of a disease, and (f) diagnostic process, for example spend enough time on the anamnesis and physical exam/master technology.

Burnout is a major occupational health matter for physicians and it should be prevented and tackled systemically and systematically in every medical setting.

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